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BHD Bulletin

DATE: August 27, 2015

TO: All Behavioral Health Division Waiver Providers

FROM: 
Joe Simpson, Administrator, Behavioral Health Division – DD Section

SUBJECT: Variance Reporting Requirement

REF #: JS-2015-069

The Wyoming Department of Health, Behavioral Health Division (Division) is implementing a quality improvement process for providers to track variances that occur from participants' plans of care in exchange for lifting the requirement for strict adherence to staffing ratios. This process must be implemented by providers between August 27, 2015 and November 30, 2015. More information on the reporting timeline is listed on page four (4) of this bulletin. To develop this new reporting process, the Division collaborated for almost a year with the Wyoming Community Service Providers (WCSP) in order to address the provider need for staffing flexibility and the state's need for assurances that participants are getting the support and services as designated in the plan of care. This process was piloted by a small group of providers and is ready to be implemented across the state.

The variance reporting team developed a system that providers could implement in conjunction with existing processes to increase accountability in their service delivery system while also measuring areas relating to positive outcomes for participants. The Variance Reporting system will not duplicate or replace current incident reporting or management systems nor will it remove the provider's responsibility or liability to provide services per the person's plan of care. Providers are responsible for ensuring there are adequate staff present during all shifts in order to follow each participant's plan of care and to ensure the health, safety and welfare of all participants has been sufficiently addressed. During provider recertification and site surveys, staffing and staffing policies will still be reviewed and, where concerns are found, shall be addressed through the Quality Improvement Plan process. Any participants funded at a level 6 still require 1:1 staffing at all times unless the plan of care denotes that staffing may be reduced during times of sleep.

The Variance Reporting system will be a part of a continuous improvement philosophy and practice within the provider agency. This project is considered another systems improvement in the waiver redesign initiative that started in 2013. Our goal is to allow providers the flexibility in staffing while ensuring participants receive the quality services they need.

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Purpose of Variance Reporting

- To facilitate timely, accurate, and complete documentation of any deviations or variances from services or protocols specified in the plan of care.
- To provide necessary timely interventions for participants when support is not provided as specified in the plan of care or other unusual or unplanned events occur that decrease the participant's opportunity for community outings, choice, or work/volunteer activities.
- To provide a mechanism for collecting detailed in-house information to study the quality of services provided at a provider organization.
- To provide the state with a quarterly report from providers regarding statewide issues with plan of care deviations/variances and ensure providers have a plan for continuous improvement in order to address their service delivery concerns.

Variance Reporting Policy Provisions

Waiver providers must develop and implement a variance reporting system so that any occurrence of an event in the specified categories is reported by an employee to the assigned provider manager. The variance must be documented as soon as possible after the event occurs, and reported in compliance with the provider's policy and procedures. The provider shall have a data collection system in place to record, track and analyze variance data. Provider leadership shall analyze data from reports and identify concerning trends that need to be addressed. The provider shall ensure any variance is reported and receives appropriate follow up action by the provider. On a quarterly basis, the provider shall report to the Division variance data, trend analysis, and the provider's improvement activities to correct concerns in a timely and satisfactory manner.

Definitions

- A **Variance** is defined as any event or circumstance that deviates from established standards or support as specified in the participant's plan of care. A participant's refusal of a service or activity is not considered a variance.
- A **Near Miss or Close Call** is defined as any process or protocol variation, which did not affect the outcome (by chance or intervention), but for which a recurrence carries a significant chance of serious adverse outcomes.

Variance Reporting Categories

The variance report categories reflect areas of the plan of care, National Core Indicator survey sections, and common risk management areas. A **reportable variance (as specified below)** is an event or service delivered that deviates from routine services or protocols specified in a participant's plan of care. Attachment 1 shows an example of a form a provider may use to gather reports.

Individual Outcomes		
#/%	Community Inclusion	When a participant does not receive community integration as specified in their plan of care. <i>(Example: John has listed on his schedule that he goes grocery shopping on Mondays but is told "no" because there are not enough staff to take him.)</i>
#/%	Work/Volunteer	When a participant cannot go to work or volunteer when it was a part of his or her work or volunteer schedule. <i>(Example: John missed a day of work because the job coach did not show up to take him.)</i>

#/%	Choice	When a participant's choice is not honored in regard to his or her living arrangement, activity of daily living, roommate, preferred activity or staff, purchasing items, or social activities. <i>(Example: John wants to have dinner with his girlfriend at another home once a week as stated in his plan but staff forgot to make arrangements so his date is missed.)</i>
Health, Welfare, Rights		
#/%	Restraint	Any use of a physical, chemical or mechanical restraint per the Division's definitions that is not done per the plan of care. <i>(Example: John was restrained on the floor but the restraint was not the type approved by the CPI).</i>
#/%	Restrictive Intervention	Any use of a restrictive intervention per the Division's definitions that is not done per the plan of care. <i>(Example: Susie put John on a community restriction due to his attitude at dinner, but John has no community restriction in his plan of care).</i>
#/%	Medication Assistance	Any deviation from the medication assistance required by the participant in the plan of care, not necessarily a medication "error" but a medication incident. <i>(Example: John needs meds in applesauce, but staff gave him the pills whole.)</i>
#/%	Medical/Health Protocol	Any deviation from a medical or health protocol in the approved plan of care or implemented quickly by a physician or nurse due to a sudden event. <i>(Example: John needs watched 1:1 during meals, but staff had to help other participants during lunch.)</i>
#/%	Positive Behavior Support Plan	Any deviation from the staffing support and positive interventions that should be provided to a participant as specified in the positive behavior support plan. <i>(Example: Staff forgot to give John tokens for using his manners today.)</i>
#/%	Participant Injury	Any type of injury to participant.
Staff Stability - CARF Providers only		
#	Staff injury	Any staff injury that occurs at work when working with or near a participant. (worker's comp categories)- <i>report annually</i>
#/%	Staff turnover	Number of staff who quit, were fired, or suspended – <i>report annually</i>
Family Indicators – CARF Providers only		
%	Participant Satisfaction	Provider Survey issued to participants – <i>report annually</i>
%	Family Member Satisfaction	Provider Survey issued to guardians/parents – <i>report annually, the questions below should be rephrased to fit their role.</i>
Questions as determined by the pilot provider group		<ul style="list-style-type: none"> • Are you happy with how you spend your day? • Are you happy with your job? • Are you happy with where you live? • Overall, do you feel that the services and supports that my provider offers are making a positive difference in my life and the life of my family?

Internal Reporting Requirements

What is reportable? Any deviation from the plan of care as witnessed by any provider staff. The variance report must state only the facts, as known by the staff, and avoid opinions or subjective comments. The report must be objective and not contain accusatory language. The report must document the health and safety status of participant(s) at the time of the occurrence.

When to complete a report? A variance report will be completed in adherence to the provider's policy and procedure and must be documented as soon as possible after the occurrence of the event. Staff must turn in variance reports to the designated supervisor for review.

Who completes a report? Direct care employees, managers, and administrators must report any occurrence, in which they do not feel services were correctly provided to a participant, regardless of the reason. If the variance reported is not consistent with the categories listed, such as a participant refusal of an activity, the variance does not need to be collected in the data provided to the state. If a variance is identified retrospectively through conversation, documentation of services, communication logs, or other means and no report has been submitted, the employee must complete a variance report. The reporting of events is important, regardless of when it was identified.

Who reviews the reports? The provider must delegate a supervisor/manager to review variance reports within seven calendar days from report date. The designated manager will categorize the reports, issue follow up action needed (if any), and track the number of occurrences by category monthly. Any event that requires immediate or timely follow-up shall be addressed before the monthly review of variance data. Case managers must be contacted if trends or concerns are identified with one of their participants since the plan of care may need to be modified or staff may need to be retrained.

When are reports submitted to the Division? By the 20th of the month following the end of a quarter, the provider must submit the variable data to the Division using a survey tool. Any categories that fall below the acceptable standard must include an action plan. Data Variance Reports will be due according to State Fiscal Year Quarters:

- First quarter (July-September) October 20th
- Second quarter (October-December) January 20th *(First one due!)*
- Third quarter (January-March) April 20th
- Fourth quarter (April-June) July 20th

What to Report

Providers shall submit aggregate information on the variance categories specified by the Division. As we gather data, we may change this report based on provider feedback and the results of the data analysis. Please see Attachment 2 to this bulletin to view the questions asked for the first couple of quarters. Aggregate information will include, but is not limited to:

- The total number of occurrences by category;
- The unduplicated count number of participants who were involved;
- The total number of waiver participants in the provider's services;
- A percentage of variance per category;
- A brief narrative summarizing any patterns and/or trends found in the provider's internal continuous improvement process for deviations falling below the acceptable standard; and
- A brief narrative summarizing the quality assurance/improvement efforts being undertaken to address trends or concerns identified.

How Will this Process Change Improve Services?

- If provider staff feel safe in reporting occurrences of variances, errors, and near misses/close calls to their managers, then the provider can regularly assess staffing needs, participant needs, and possible changes or retraining that is needed. Furthermore, if provider agencies feel safe in reporting continuous improvement activities and variance trends to the Division, the Division can support and assist the provider as they make the necessary improvements in their agency.
- Providers already understand how important tracking incidents, errors, or close calls are. Tracking risks and incidents are beneficial to participants and helps the provider organization improve its services and customer satisfaction. The variance reporting project will build on those strengths and providers will be stronger and more sustainable.
- Nothing can be learned from an error or problem that goes unrecognized or unreported. By identifying variances, the provider promotes a culture of safety and provides a work environment that allows staff to take responsibility for actions without fear of reprimand or immediate sanction, unless an act is really egregious.
- If the Division sees a provider continuously monitoring variances and making improvements when concerns are found, then the provider and the Division relationship improves and we can work together better on addressing quality improvement needs.

Division's role

The Division will offer a recorded training to providers in addition to this bulletin. The sample form will be available on the Division's website. Providers in the pilot project may be contacted as teachers/mentors to other providers. The Division's Provider Support Specialists will offer technical assistance and examples to providers in order to get effective systems in place with each provider.

The Division will have a central data collection and reporting tool where providers can send quarterly data via an email survey. The Division will analyze the data and monitor action plans and improvement items.

The Division will monitor provider's compliance with the variance reporting requirement by seeing evidence of staff reports, data analysis being conducted, improvement activities working, and overall progress being made by providers. The Division will celebrate systems improvements at the participant level, individual provider level, in aggregate, and as a whole waiver system. As we follow up with providers on this system improvement, our goal is to ensure participants are provided quality services per their plans of care.

The Division will still follow standard incident and complaint investigations according to current regulations, even with the variance reporting practice. The result of Division investigations may lead to requirements regarding a change in staffing level needed. Standard health and safety responsibilities and monitoring requirements remain in effect, which are outlined in Chapter 45.

For Questions

The Division will have a follow-up discussion on this topic during the Provider Support Call on August 31, 2015, which will further address any questions surrounding this process change. The call in number is 1-877-278-2734 Access Code 252484. Please save the date if you are interested in participating or asking questions. As always, submit your questions to your Provider Support Specialist to help us prepare the most thorough response to your question before the call. Contact our main office line at (307) 777-7115 if you have concerns or questions regarding these changes.

Attachment 1

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Example of Variance Form that a provider can use or adapt for their organization

This is a sample form that can be adapted to provider's style or made into an electronic function in Therap

Plan of Care Deviation/Variance Report

Reporting Instructions:

All waiver services must be delivered as specified in the plan of care. If events occur where services were not delivered per a participant's plan of care as witnessed by you, staff must document the variance/deviation from the plan of care with the facts as you know them. Deviations must be reported on the day witnessed and can be done at the end of your shift.



Participant Name:		Service:	
Site:		Staff Name completing report:	
Date of Deviation:		Date of this report:	
Deviation description:			
Identify any potential health and safety concerns:			
Deviation witnesses:			
<i>*Please submit to your supervisor upon completion.</i>			
Manager review of event:			
Category of plan of care concern/ deviation/ close call:	<input type="checkbox"/> Scheduled Community Activity <input type="checkbox"/> Work <input type="checkbox"/> Volunteer position <input type="checkbox"/> Choice in other activity or preference listed on schedule	<input type="checkbox"/> Medical/Health Protocol <input type="checkbox"/> Positive Behavior Support Plan <input type="checkbox"/> Other: _____	
Needs further action:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Follow up action:	
Other variance reporting categories	<input type="checkbox"/> Participant Injury <input type="checkbox"/> Restrictive Intervention <input type="checkbox"/> Restraint <input type="checkbox"/> Medication Assistance *These are likely reported in other provider reports and can be tracked using existing processes		

**Data will be collected by provider regarding all deviations. Providers may develop their own policy and procedures for staff to report variances and how the provider will review and aggregate the data.*

Attachment 2

Example of Quarterly report to the Division (we will send to you via email)

Variance Reporting Quarterly Survey

- ☒ Please Enter your Provider Name* _
- ☒ Please enter the name of your point of contact. _
- ☒ Please enter the total number of participants in your program. *
- ☒ Please enter the total number of staff in your program* _

Number to Total Occurrences this Quarter

For each variance topic, please report the total number of occurrences this quarter. Participant refusals do not count toward a variance.

1a) Participant did not meet community integration per the plan of care* _For each variance topic, please report the total number of occurrences this quarter



2a) Not supported correctly for Work per plan* _For each variance topic, please report the total number of occurrences this quarter



3a) Not supported to Volunteer per plan* _For each variance topic, please report the total number of occurrences this quarter



4a) Choice not honored per preferences listed in plan* (If the participant has prefer in their plan or in their weekly schedule that get denied to the, it should be documented as a variance) For each variance topic, please report the total number of occurrences this quarter



5a) Not Restrained per plan* _For each variance topic, please report the total number of occurrences this quarter



6a) Restrictive Intervention not done per plan* (If the restrictive intervention was imposed before other positive interventions were used or if it was not accurate to the restriction in the plan of care, it must be documented. Please report the total number of occurrences this quarter.



7a) Medication Assistance did not match plan - "near miss/close call" (This "Close Call" category may be added to the Medication error incident form and reported from those reports.) Please report the total number of occurrences this quarter.



8a) Medical/Health Protocol not done per plan* _For each variance topic, please report the total number of occurrences this quarter



9a) Positive Behavior Support Plan not followed* _For each variance topic, please report the total number of occurrences this quarter



10a) Participant Injury count* _For each variance topic, please report the total number of occurrences this quarter



11a) Staff Injury Count* _For each variance topic, please report the total number of occurrences this quarter

